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22920 75	590 02/22/2006			have its own certifical	te of mailing o	r transmission.		
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METAIRIE, LA 7	0002			Gregory	C. Smitl	n.	(Depositor's name)	1
							(Signature)	1
							(Date)]
APPLICATION NO.	FILING DATE	FIRST NA		ENTOR	ATTORNEY DOCKET NO.		CONFIRMATION NO.	1
10/647,927	10/647,927 08/26/2003		David E. Mouton		A03138US (52004.5)		2431	J
TITLE OF INVENTION: T	ENSION MULTIPLIER JAI	R APPARATUS A'	ND METHOD OF	OPERATION				
APPLN, TYPE	SMALL ENTITY	ISSUE FI	EE .	PUBLICATION FEE	TOTAL FEE(S) DUE		DATE DUE]
nonprovisional	YES	\$700		\$0	\$	700	05/22/2006	•
EXAMINER		ART UN	it (CLASS-SUBCLASS				
BATES, ZAKIYA W		3676		166-301000	_			
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. 				ting on the patent front page, list mos of up to 3 registered patent attorneys DR, alternatively, Garvey, Smith, Nehrbas 1& North, L.L.C.				s
Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered altorney of agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	HE PATENT (print	t or type)				-
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion	elow, no assignee of this form is NOT	data will appear on a substitute for fili	the patent. If an assigning an assignment.	nce is identifi	ed below, the d	ocument has been filed for	r
(A) NAME OF ASSIGN				(CITY and STATE OR				
Please check the appropriate	assignee category or categor	ries (will not be pri	nted on the patent)	: 🗆 Individual 🗀 C	orporation or	other private gro	oup entity 🔲 Government	i -
Ia. The following fee(s) are enclosed: 4b. Payment of Fee In A check in the state of the feet of the feet in the feet of th								
	mall entity discount permitte	A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached.						
Advance Order - # of		The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0694 (enclose an extra copy of this form).						
a. Applicant claims St	(from status indicated above MALL ENTITY status. See 3	37 CFR 1.27.	b. Applicant is a	no longer claiming SMA	LL ENTITY s	status. See 37 Cl	FR 1.27(g)(2).	
The Director of the USPTO R NOTE: The Issue Fee and Punterest as shown by the reco	is requested to apply the Issu ablication fee (iffrequired) wards of the United States Page	e Fee and Publicate ill not be accepted nt and Trademark	ion Fee (if any) or to from anyone other Office.	o re-apply any previous than the applicant; a reg	ly paid issue fo istered attorne	ee to the applica y or agent; or th	tion identified above. se assignee or other party in	1
Authorized Signature		Date	-	2006		•		
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